U.S. Department of Labor Office of Labor anagement. Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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3. Name and address of person	filing.	4. Name, file number, and address of labor organization.
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Name of Person Filing Mack Marien	·	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:	AL THE				
Name WHITFIGLD & M. BANN	a, Labor Organiza	ution				
Trade Name, if any:	b. Trust	10011				
P.O. Box, Bldg., Room No., if any	c. Employer					
Street III C. WACKEL DL.	- Managard - V					
City Culicates						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Business Meaus + Plana Trans					
Name		ics + Monat				
Trade Name, if any:	of an expression of the control of t					
P.O. Box, Bidg., Room No., if any						
Street	11.b. Approximate dollar value	ue of such dealing.	250.00			
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4						
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	12.b. Amount.					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name	4	r.				
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.					